## FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE**

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax; 515-281-4073

Effective January 1, 2010, all statements and reports flied by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State
Parties must be filed electronically.

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COMMITTEE NAME (Must be some as on Statement of C	Omenization)	SCOTO
CITITEUS FOR ENGLIMANN	FORM	
		DR-2 DISCLOSURE
MPORTANT: Indicate by # type of committee you are reporting 1 )Statowide/Legislative/Judge Standing for Reterriton Candidat	le (2)State PAC (3)State Party .	(Rev. 12/2009) REPORT
4 County Central Committee ( 5 )County Candidate ( 6 )City C Subdivision Cendidate ( 5 )County PAC ( 9 )City PAC ( 10 )Son	For Office Use Only 1 11 E	
(1 ) Local Bellot issue		
CANDIDATE COMMITTEES ONLY:		Comm. * Logged In St.
Candidate Name	Political Party (if applicable)	Scenned SW
TOM ENGLINANN	DEMOGRAM	Computer
Office Sought Superpulsor.	District (if Senate or House)	Audited
ate reports are subject to possible civil and criminal penalties	Description Code statem CES 224	(7) and ESS 404(2). The conditate feet a
andidate's committee, and the chairperson, for any other type	of committee, is the individual responsible	for liling timely and accurate reports.
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Mouros (Zalman	384-7672	120/12
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
17-21-11		
	REPORT FOR (1) ELECTION	
(report dato)	indicate by t	
CHECK IF AMENDMENT TO REPORT DATED		Local Committees, enter Date of Election
	Was ad Olasa kallan Farma DD 6	•
Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is	ace of Disabilition Form DK-3.	County & Local Committees, enter County in
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STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

COMMITTEE NAME (Must be same as on Statement of Organization)

FOR INSTRUCTIONS,	SEE BACK	OF	FORM
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SCHEDULE	
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	CONTRACTOR OF THE PARTY OF THE

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE SOARD.

Rev. 07/03) EXPENDITUR	
	CK THIS BOX IF ENDING FORM

ID#   F.57257 M.TEWLS7 Brux   S 5.00   ID#   CK#   BRUX FEL   S 5.00     ID#   CK#   BRUX FEL   S 5.00     ID#   CK#   ID#   ID#   CK#   ID#   CK#	DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursoment) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
CK#	r/ml11	ID# CK#		BANK FEE	\$ 5.00
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THIS BOX APPLIES TO CANDIDATES' COMM	ITTEES	OMLY:
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Purchases of certain campaign proporty coeting \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to personal entities providing consulting, advertising, fund-raising, potting, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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